

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	U.U		2-5-01
O.I.P.E. CLASSIFIER		10	2-26-01
FORMALITY REVIEW	ST	1021	03/13/01
RESPONSE FORMALITY REVIEW	MD	1021	05/15/01

INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral) ..... Canceled  
 ÷ ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Final	Original	Date
1	✓	✓	2/26/01
2	✓	✓	2/26/01
3	✓	✓	2/26/01
4	✓	✓	2/26/01
5	✓	✓	2/26/01
6	✓	✓	2/26/01
7	✓	✓	2/26/01
8	✓	✓	2/26/01
9	✓	✓	2/26/01
10	✓	✓	2/26/01
11	✓	✓	2/26/01
12	✓	✓	2/26/01
13	✓	✓	2/26/01
14	✓	✓	2/26/01
15	✓	✓	2/26/01
16	✓	✓	2/26/01
17	✓	✓	2/26/01
18	✓	✓	2/26/01
19	✓	✓	2/26/01
20	✓	✓	2/26/01
21	✓	✓	2/26/01
22	✓	✓	2/26/01
23	✓	✓	2/26/01
24	✓	✓	2/26/01
25	✓	✓	2/26/01
26	✓	✓	2/26/01
27	✓	✓	2/26/01
28	✓	✓	2/26/01
29	✓	✓	2/26/01
30	✓	✓	2/26/01
31	✓	✓	2/26/01
32	✓	✓	2/26/01
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39	✓	✓	2/26/01
40	✓	✓	2/26/01
41	✓	✓	2/26/01
42	✓	✓	2/26/01
43	✓	✓	2/26/01
44	✓	✓	2/26/01
45	✓	✓	2/26/01
46	✓	✓	2/26/01
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Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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